

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD T. KENNEDY	COURT CASE NUMBER 5:18-CV-00214-JLS
DEFENDANT EQUIFAX, INC., ET AL.,	TYPE OF PROCESS Service of Process

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

BARARA LOPEZ, **AMERICAN BANKERS INSURANCE COMPANY OF AMERICA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

111222 QUAIL ROOST DRIVE, MIAMI, FL 33157

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD T. KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

8

Check for service
on U.S.A.

FILED

AUG - 2 2018

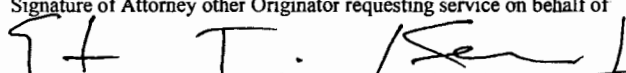
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

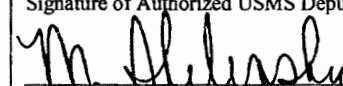
Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint
** IN HER OFFICIAL AND INDIVIDUAL CAPACITIES
Lopez is adjuster for the Defendant,
AMERICAN BANKERS INSURANCE COMPANY OF AMERICA

KATE BARKMAN, Clerk
By _____ Den. Clerk

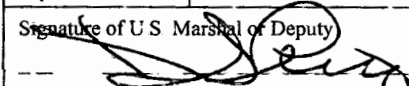
Signature of Attorney other Originator requesting service on behalf of 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE June 5, 2018
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No 66	District to Serve No 004	Signature of Authorized USMS Deputy or Clerk 	Date 6/21/18
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7-11-18 Time 1:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee 8.00	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS 7-11-18 - legal dept. had no info on a Barbara Lopez did not know who she was

PRINT 5 COPIES:

- 1 CLERK OF THE COURT
- 2 USMS RECORD
- 3 NOTICE OF SERVICE
- 4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
- 5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED